



Department of Medical Assistance Services
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Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: Fee-for-Service Providers Serving the GAP Population

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 11/19/18

SUBJECT: Ending the Governor's Access Plan for the Seriously Mentally Ill (GAP) Program

The purpose of this memorandum is to advise fee-for-service providers that the Governor's Access Plan for the Seriously Mentally Ill (GAP) program will be ending.

With Medicaid Expansion, the GAP Program Will Be Ending March 31, 2019

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) authorizing the Department of Medical Assistance Services (DMAS) to amend Virginia's Medicaid State Plan to expand coverage to newly eligible adults ages 19 to 64 with income up to 138 percent of the FPL who are not eligible for Medicare. This expansion will be effective on January 1, 2019. Since individuals enrolled in the GAP program will be eligible under the newly eligible Medicaid program, the Commonwealth will no longer require GAP and plans are underway to end the program.

Most GAP members will be enrolled automatically into this new program. Dates providers need to know about include the following (additional details are included on the transition plan link noted below) :

| Date | Timeline of Events |
|-------------------|--|
| October 31, 2018 | Last day to submit a GAP eligibility application to Cover Virginia (by midnight). |
| December 15, 2018 | Last day to submit necessary supporting documentation to Cover Virginia for the eligibility application (by midnight). |
| | Last day to submit a <u>complete</u> SMI screening to Magellan of Virginia (by midnight). |
| | Incomplete SMI screenings will not be reimbursed. |
| December 31, 2018 | Last date of service for most GAP members. |
| January 1, 2019 | Enrollment in Medicaid Expansion for most GAP members. |
| March 31, 2019 | Last date of service for GAP; claims eligible for payment through March 31, 2020. |

Only a very small number of GAP members will not be eligible for the new program. DMAS is committed to ensuring that GAP members are provided resources to assist with the transition. A transition plan has been developed and is posted on the GAP webpage of the DMAS website:

[http://www.dmas.virginia.gov/files/links/2006/GAP%20WAIVER%20SUNSET%20ANNOUNCEMENT%20\(10.17.2018\).pdf](http://www.dmas.virginia.gov/files/links/2006/GAP%20WAIVER%20SUNSET%20ANNOUNCEMENT%20(10.17.2018).pdf)

The GAP webpage also hosts “frequently asked questions” documents for providers and members and a plan for how a “warm handoff” will occur for the GAP members transitioning to the new program. DMAS invites you to send questions and comments to BridgetheGAP@dmas.virginia.gov.

DMAS appreciates the provider community partnership in supporting the GAP program and making a difference in the GAP members’ lives.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

| <u>PROVIDER CONTACT INFORMATION & RESOURCES</u> | |
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| Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | www.virginiamedicaid.dmas.virginia.gov |
| Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | 1-800-884-9730 or 1-800-772-9996 |
| KEPRO Service authorization information for fee-for-service members. | https://dmas.kepro.com/ |
| Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals. | |
| Medallion 4.0 | http://www.dmas.virginia.gov/#/med4 |
| CCC Plus | http://www.dmas.virginia.gov/#/cccplus |
| PACE | http://www.dmas.virginia.gov/#/longtermprograms |

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| Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members. | www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanoofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046 |
| Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available. | 1-804-786-6273 1-800-552-8627 |
